

Voluntary Workplace Benefits - Specified Critical Illness

Non-Tobacco

Weekly Premiums

**Non-Tobacco
Weekly CI01**

These rates are not to be used in California, Florida or Maryland.

Face Amount*	Issue Ages 16 - 29			Issue Ages 30 - 39			Issue Ages 40 - 49			Issue Ages 50 - 59			Issue Ages 60 - 69**		
	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***
\$5,000	0.25	0.20	0.40	0.49	0.33	0.40	0.95	0.71	0.40	1.65	1.30	0.40	2.66	2.07	0.40
\$6,000	0.29	0.24	0.40	0.59	0.39	0.40	1.14	0.85	0.40	1.98	1.55	0.40	3.19	2.48	0.40
\$7,000	0.34	0.28	0.40	0.68	0.46	0.40	1.33	0.99	0.40	2.31	1.81	0.40	3.72	2.90	0.40
\$8,000	0.39	0.32	0.40	0.78	0.52	0.40	1.52	1.13	0.40	2.64	2.07	0.40	4.25	3.31	0.40
\$9,000	0.44	0.36	0.40	0.88	0.59	0.40	1.71	1.27	0.40	2.97	2.33	0.40	4.78	3.72	0.40
\$10,000	0.49	0.40	0.40	0.97	0.65	0.40	1.90	1.41	0.40	3.30	2.59	0.40	5.31	4.13	0.40
\$11,000	0.54	0.44	0.40	1.07	0.71	0.40	2.09	1.55	0.40	3.63	2.85	0.40	5.84	4.55	0.40
\$12,000	0.59	0.47	0.40	1.17	0.78	0.40	2.27	1.69	0.40	3.96	3.11	0.40	6.37	4.96	0.40
\$13,000	0.63	0.51	0.40	1.26	0.84	0.40	2.46	1.83	0.40	4.29	3.36	0.40	6.90	5.37	0.40
\$14,000	0.68	0.55	0.40	1.36	0.91	0.40	2.65	1.97	0.40	4.62	3.62	0.40	7.43	5.79	0.40
\$15,000	0.73	0.59	0.40	1.46	0.97	0.40	2.84	2.12	0.40	4.95	3.88	0.40	7.97	6.20	0.40
\$16,000	0.78	0.63	0.40	1.55	1.04	0.40	3.03	2.26	0.40	5.28	4.14	0.40	8.50	6.61	0.40
\$17,000	0.83	0.67	0.40	1.65	1.10	0.40	3.22	2.40	0.40	5.61	4.40	0.40	9.03	7.03	0.40
\$18,000	0.88	0.71	0.40	1.75	1.17	0.40	3.41	2.54	0.40	5.94	4.66	0.40	9.56	7.44	0.40
\$19,000	0.92	0.75	0.40	1.85	1.23	0.40	3.60	2.68	0.40	6.27	4.91	0.40	10.09	7.85	0.40
\$20,000	0.97	0.79	0.40	1.94	1.30	0.40	3.79	2.82	0.40	6.60	5.17	0.40	10.62	8.27	0.40
\$21,000	1.02	0.83	0.40	2.04	1.36	0.40	3.98	2.96	0.40	6.93	5.43	0.40	11.15	8.68	0.40
\$22,000	1.07	0.87	0.40	2.14	1.43	0.40	4.17	3.10	0.40	7.26	5.69	0.40	11.68	9.09	0.40
\$23,000	1.12	0.91	0.40	2.23	1.49	0.40	4.36	3.24	0.40	7.59	5.95	0.40	12.21	9.50	0.40
\$24,000	1.17	0.95	0.40	2.33	1.55	0.40	4.55	3.38	0.40	7.92	6.21	0.40	12.74	9.92	0.40
\$25,000	1.22	0.98	0.40	2.43	1.62	0.40	4.73	3.52	0.40	8.25	6.47	0.40	13.27	10.33	0.40
\$26,000	1.26	1.02	0.40	2.52	1.68	0.40	4.92	3.66	0.40	8.58	6.72	0.40	13.80	10.74	0.40
\$27,000	1.31	1.06	0.40	2.62	1.75	0.40	5.11	3.80	0.40	8.91	6.98	0.40	14.33	11.16	0.40
\$28,000	1.36	1.10	0.40	2.72	1.81	0.40	5.30	3.95	0.40	9.24	7.24	0.40	14.87	11.57	0.40
\$29,000	1.41	1.14	0.40	2.81	1.88	0.40	5.49	4.09	0.40	9.57	7.50	0.40	15.40	11.98	0.40
\$30,000	1.46	1.18	0.40	2.91	1.94	0.40	5.68	4.23	0.40	9.90	7.76	0.40	15.93	12.40	0.40

Child Rider

Face Amount	Critical Illness	Cancer Rider	HSB Rider***
\$2,500	0.16	0.17	0.50
\$5,000	0.32	0.33	0.50

* The spouse face amount maximum is \$30,000 (TX maximum \$25,000).

Employee coverage in Washington is limited to a minimum Face Amount of \$25,000.

Georgia applicants must have Comprehensive Health coverage before applying for Specified Critical Illness coverage.

New Hampshire: CI01 not available.

** Spouse coverage is issued up to age 64 for all states.

***The Health Screening Benefit Rider provides \$50 per calendar year per covered person(s).

***Once the Health Screening Benefit Rider is chosen by the employer, all insureds covered by a Critical Illness policy or Critical Illness rider will automatically receive this benefit.

Voluntary Workplace Benefits - Specified Critical Illness

Non-Tobacco

Weekly Premiums

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Weekly CI01

Face Amount*	Issue Ages 16 - 29			Issue Ages 30 - 39			Issue Ages 40 - 49			Issue Ages 50 - 59			Issue Ages 60 - 69**		
	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***
\$35,000	1.70	1.38	0.40	3.40	2.27	0.40	6.63	4.93	0.40	11.55	9.05	0.40	18.58	14.46	0.40
\$40,000	1.94	1.57	0.40	3.88	2.59	0.40	7.57	5.63	0.40	13.20	10.34	0.40	21.23	16.53	0.40
\$45,000	2.18	1.77	0.40	4.37	2.91	0.40	8.52	6.34	0.40	14.85	11.63	0.40	23.89	18.59	0.40
\$50,000	2.43	1.97	0.40	4.85	3.23	0.40	9.47	7.04	0.40	16.50	12.93	0.40	26.54	20.66	0.40

Child Rider

Face Amount	Critical Illness	Cancer Rider	HSB Rider***
\$2,500	0.16	0.17	0.50
\$5,000	0.32	0.33	0.50

* The spouse face amount maximum is \$30,000 (TX maximum \$25,000).

Employee coverage in Washington is limited to a minimum Face Amount of \$25,000.

Georgia applicants must have Comprehensive Health coverage before applying for Specified Critical Illness coverage.

New Hampshire: CI01 not available.

** Spouse coverage is issued up to age 64 for all states.

***The Health Screening Benefit Rider provides \$50 per calendar year per covered person(s).

***Once the Health Screening Benefit Rider is chosen by the employer, all insureds covered by a Critical Illness policy or Critical Illness rider will automatically receive this benefit.

Voluntary Workplace Benefits - Specified Critical Illness

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Weekly Premiums

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Weekly CI01**

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Face Amount*	Issue Ages 16 - 29			Issue Ages 30 - 39			Issue Ages 40 - 49			Issue Ages 50 - 59			Issue Ages 60 - 69**		
	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***	Critical Illness	Cancer Rider	HSB Rider***
\$5,000	0.38	0.35	0.40	0.85	0.59	0.40	1.83	1.54	0.40	3.34	2.54	0.40	5.09	4.18	0.40
\$6,000	0.46	0.42	0.40	1.01	0.71	0.40	2.19	1.85	0.40	4.01	3.05	0.40	6.11	5.02	0.40
\$7,000	0.54	0.49	0.40	1.18	0.83	0.40	2.56	2.15	0.40	4.67	3.56	0.40	7.13	5.85	0.40
\$8,000	0.61	0.56	0.40	1.35	0.95	0.40	2.92	2.46	0.40	5.34	4.07	0.40	8.15	6.69	0.40
\$9,000	0.69	0.63	0.40	1.52	1.06	0.40	3.29	2.77	0.40	6.01	4.57	0.40	9.16	7.52	0.40
\$10,000	0.77	0.70	0.40	1.69	1.18	0.40	3.65	3.07	0.40	6.67	5.08	0.40	10.18	8.36	0.40
\$11,000	0.84	0.77	0.40	1.86	1.30	0.40	4.01	3.38	0.40	7.34	5.59	0.40	11.20	9.19	0.40
\$12,000	0.92	0.83	0.40	2.03	1.42	0.40	4.38	3.69	0.40	8.01	6.10	0.40	12.22	10.03	0.40
\$13,000	0.99	0.90	0.40	2.19	1.53	0.40	4.74	3.99	0.40	8.67	6.60	0.40	13.23	10.86	0.40
\$14,000	1.07	0.97	0.40	2.36	1.65	0.40	5.11	4.30	0.40	9.34	7.11	0.40	14.25	11.70	0.40
\$15,000	1.15	1.04	0.40	2.53	1.77	0.40	5.47	4.61	0.40	10.01	7.62	0.40	15.27	12.53	0.40
\$16,000	1.22	1.11	0.40	2.70	1.89	0.40	5.84	4.91	0.40	10.67	8.13	0.40	16.29	13.37	0.40
\$17,000	1.30	1.18	0.40	2.87	2.00	0.40	6.20	5.22	0.40	11.34	8.63	0.40	17.30	14.21	0.40
\$18,000	1.37	1.25	0.40	3.04	2.12	0.40	6.57	5.53	0.40	12.01	9.14	0.40	18.32	15.04	0.40
\$19,000	1.45	1.32	0.40	3.20	2.24	0.40	6.93	5.84	0.40	12.68	9.65	0.40	19.34	15.88	0.40
\$20,000	1.53	1.39	0.40	3.37	2.36	0.40	7.30	6.14	0.40	13.34	10.16	0.40	20.36	16.71	0.40
\$21,000	1.60	1.46	0.40	3.54	2.48	0.40	7.66	6.45	0.40	14.01	10.67	0.40	21.38	17.55	0.40
\$22,000	1.68	1.53	0.40	3.71	2.59	0.40	8.03	6.76	0.40	14.68	11.17	0.40	22.39	18.38	0.40
\$23,000	1.76	1.60	0.40	3.88	2.71	0.40	8.39	7.06	0.40	15.34	11.68	0.40	23.41	19.22	0.40
\$24,000	1.83	1.67	0.40	4.05	2.83	0.40	8.75	7.37	0.40	16.01	12.19	0.40	24.43	20.05	0.40
\$25,000	1.91	1.73	0.40	4.22	2.95	0.40	9.12	7.68	0.40	16.68	12.70	0.40	25.45	20.89	0.40
\$26,000	1.98	1.80	0.40	4.38	3.06	0.40	9.48	7.98	0.40	17.34	13.20	0.40	26.46	21.72	0.40
\$27,000	2.06	1.87	0.40	4.55	3.18	0.40	9.85	8.29	0.40	18.01	13.71	0.40	27.48	22.56	0.40
\$28,000	2.14	1.94	0.40	4.72	3.30	0.40	10.21	8.60	0.40	18.68	14.22	0.40	28.50	23.39	0.40
\$29,000	2.21	2.01	0.40	4.89	3.42	0.40	10.58	8.90	0.40	19.34	14.73	0.40	29.52	24.23	0.40
\$30,000	2.29	2.08	0.40	5.06	3.53	0.40	10.94	9.21	0.40	20.01	15.23	0.40	30.53	25.07	0.40

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\$40,000	3.05	2.77	0.40	6.74	4.71	0.40	14.59	12.28	0.40	26.68	20.31	0.40	40.71	33.42	0.40
\$45,000	3.43	3.12	0.40	7.58	5.30	0.40	16.41	13.82	0.40	30.02	22.85	0.40	45.80	37.60	0.40
\$50,000	3.81	3.47	0.40	8.43	5.89	0.40	18.23	15.35	0.40	33.35	25.39	0.40	50.89	41.77	0.40

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